

St. Margaret's Episcopal School
PTF Expense Reimbursement Form

Please Note:

1. All reimbursement requests must be signed by the appropriate Event Chair.
2. Proper documentation (i.e., receipts, proof of purchase, etc.) must be attached to the reimbursement form.
3. Please return the completed form to the Business Office for the PTF Treasurer's signature.

** INCOMPLETE FORMS OR LACK OF APPROPRIATE DOCUMENTATION WILL RESULT IN A DELAY IN PROCESSING. **

REQUESTOR INFORMATION

Name _____ Date _____
 Event _____ HPhone _____
 Committee _____ CPhone _____

ITEMIZED EXPENSES

Date	Description of Service or Item	Amount
Total		

REIMBURSEMENT INFORMATION

(Paid directly to the vendor)

Payable to: _____
 Address: _____
 City/State/Zip: _____

Requestor Signature: _____ Date: _____
 Event Chair Signature: _____ Date: _____

***** **OFFICE USE ONLY** *****

PTF Treasurer's Signature: _____ Date: _____
 PTF Acct. Number: _____ Date Paid: _____ Check No: _____
 PTF Account Name: _____